3: Skrine G-3 (1922-1924) 1926 All Sinkiang All

mazlum-kishi is the Turki for "woman" and means literally "oppressed person"). However, small-talk is not so necessary when you have plenty of diseases, as these oppressed ones apparently had, and D. scored another social success. A couple of hours later we were settling into comfortable *aq-ois* provided by Father Christmas on a meadow by the Kinkol River. Near by grew many mushrooms, a rare treat. On the mountain-sides all round we could hear the red-legged partridges calling; I accepted their invitation, and a brace of them soon graced our camp larder. I may mention that between Yambulak and Kichik Karaul not a day passed that we did not bag partridges or hares, or both, for the pot. Next day I had a misfortune in the shape of a nasty fall with the black horse, which came down suddenly at the trot and threw me on to a sharp stone, which bruised my thigh somewhat severely, causing me to faint twice with the pain. I rode the rest of the march (and the two following days) on a yak or pony with my leg in a sling, neither a comfortable nor a rapid mode of progression. This delayed us very much and we took a day longer to get into Kashgar than we would otherwise have done.

Further down the valley became very wild and rugged, and raging glacier-torrents from the Qizil Tagh or "Red Mountains" on our right had to be crossed as well as the main stream. Here, at a place called Sasik Tika, we noticed a single poverty-stricken *aq-oi*. I distinctly remember commenting on the sinister look of the valley at this point. I was reminded of this the following spring, when I was present at the trial by the Magistrate of Yangi Hissar of the Kirghiz to whom the *aq-oi* belonged for the murder of a Chitrali traveller.[1]

Soon after leaving the next camp, Toqoi Bashi, the first real trees we had seen since Tashqurghan appeared, and after that we were never without some. Short, thick-set trees they were, with fluted bark and small, pointed leaves; further down the valley some of them attained great size. We did not then know to what species they belonged, but they afterwards became very familiar. They were the desert poplar (*P. varifolia*, Turki *toghraq*) which is the characteristic tree of the Tarim Basin and, outside the oases, the only one that grows at all freely.

That night we camped at the first settled village of Kashgaria, Kichik Qaraul or "The Little Fort" It was pleasant to sit on the grass and munch juicy melons, nectarines and

[1] For an account of this trial, see Ch. X.

3: Skrine G-3 (1922-1924) 1926 All Sinkiang All

to 105°. Another climatic feature arising from "continentality" is the fact that April is much hotter than October, which is the warmer month in other regions of the globe. 132

In winter the ground freezes to a depth of a foot and a half, and all irrigation water stops owing to the choking of the canals with ice between 15th November and the end of February. Yet the Kashgar winter is not at all a formidable affair. The skies indeed are sometimes grey with dust-haze, and for several days in January the thermometer does not rise above freezing-point. But the sun shines most of the time, while as for wind, that terror of cold lands, we had none worth mentioning. Ringed round on three sides by lofty ranges, Kashgar is mercifully windless in winter, so that in spite of the hard and prolonged frost the cold is not severe. We made ourselves very cosy in the evenings in front of roaring wood fires. One of the first things we did to the Consulate was to instal good British open fireplaces, not being content with the cheerless Russian stoves we found in the house: vast shiny black cylinders like the funnels of monstrous locomotives, which disfigured and either under- or over-heated every room. There are usually one or two light snowfalls during the winter, but the snow melts very quickly in the strong sun, except where there is underlying ice. In spring and early summer occasional storms with rain or dust or both vary the monotony of the eternal sunshine, and are also to be welcomed for the exquisite clearness of the air which follows them. At any time in July or August the weather may become, for short spells at a time, unpleasantly warm according to European though not to Indian standards; punkahs are unknown, though I must confess I should sometimes have been glad of one. But the nights are seldom oppressively hot, except occasionally just before a storm. Another fly—to use an appropriate metaphor—in the ointment of a Kashgar summer is the insect life. 136 Mosquitoes and sand-flies are a trial, though not to be compared with those of an Indian plains station; the former are smaller and less robust than those of Hindustan, and both can be effectively circumvented by a mixture of citronella oil and kerosene. At night muslin sand-fly curtains are advisable, unless one is sleeping in the open air and well away from walls.

One would have expected that the cities of Chinese Turkistan, where ideas regarding sanitation and hygiene are of the most primitive, would be hotbeds of disease and regularly 164 • 364

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swept by all sorts of epidemics. In particular it might be supposed that towns which are dependent for their water-supply upon small rivers, canals and even ponds would be peculiarly liable to the scourge of cholera, as are those of Eastern Persia and Afghanistan where similar conditions prevail. But it is a remarkable fact that cholera, typhus and plague are alike unknown, though they appear regularly in Ferghana and Bokhara immediately to the west. Stranger still, though dogs both tame and semi-wild abound, and though they occasionally go mad and bite people, hydrophobia is unheard of, though common enough on the Russian side of the Tien Shan. The only serious infectious diseases are typhoid and smallpox, which appear to be endemic; in neither case, however, is the mortality rate high, in spite of the lack of western-trained doctors and hospitals, nor have Europeans much to fear from them. The only ailment which seems to give Europeans much trouble is a comparatively mild form of malaria which is prevalent in the districts where there is much rice-cultivation. On the whole, Kashgaria may be said to be one of the healthiest countries in Asia. So, at any rate, we found it, for with the exception of a single chill which kept D. in bed for a week or two our first September neither of us had a day's illness during the whole of our time in Chinese Turkistan.

3: Skrine G-3 (1922-1924) 1926 All Sinkiang All

forked rest attached to the barrel. A quarter of the circumference is occupied by a pile of rolled-up felts, bolsters and rugs; the wealth of the owners may be accurately gauged from the size of this pile, just as that of cottagers in a German forest may, according to Mark Twain, be judged by the dimensions of the manure-heap outside their door.

In some parts of the Chinese Pamirs the Kirghiz are said to be dying out, but I do not think this is the case among the Alps of Qungur. We found that few households contained less than two children; one woman had four and another told D. that she had had eight. Infant mortality is high, and the race is not prolific; if it were, the Malthusian problems raised would be insoluble in a country where the grazing, though excellent in quality, is strictly limited in quantity. But the Kirghiz of the Qaratash basin are by no means decadent or weakly, and the scanty population is, if anything, increasing. Considering their complete ignorance of hygiene and rules of diet, they are a remarkably healthy race, thanks no doubt to the open-air life they lead and to their avoidance of houses. The chief ailments D. came across in her amateur doctorings (which were enormously appreciated and had, so far as we knew, no fatal results) were skin diseases, indigestion and other stomach troubles, as well as running sores which looked in some cases as if they might be tuberculous. Some of the faces were pitted by small-pox, but not badly. It is interesting to note that the Qizil Tagh Kirghiz, who have given up tents and taken to houses, are subject to epidemics and are probably dying out. In one of the valleys of that region we passed a whole settlement which had been depopulated three years before by an epidemic of some fatal disease and was now deserted. Though the Kirghiz never wash, their *aq-ois* are as a rule carefully swept and free from vermin, and we seldom had any qualms about sleeping in them on occasion.

The women, as has already been noticed, are frank, fearless, self-reliant and natural, in refreshing contrast to their Turki sisters, at any rate in the towns.

"There is a sort of Scotch-ness about them" (says D. in one of her letters from Kaying Bashi), "a common-sense that is entirely lacking in the people of the plains. They love woolly gloves, muslin, mirrors, buttons, pins and so on because of their usefulness, not only because of their novelty, and would rather have enough plain stuff to make a dress or coat than the yard or two of bright-coloured satin which a Turki woman would immediately go for. . . . There is one extremely attractive and coquettish lady in this valley, but she is

HEALTH AND SANITATION

S N 128 I. Introduction

For the purposes of this section the region has been divided into three groups: (1) the Turkic people of Sinkiang (including the Eastern Turks, Kirghiz and Kazakhs), (2) the Tibetans of Chinghai and (3) the Chinese of the Northwest (including both Hans and Moslems).

S N 751 164 Measured by Western standards, the area as a whole lacks most modern facilities for maintaining high standards of health and sanitation. The shortage of trained personnel in the fields of medicine, dentistry and nursing is quite acute. These conditions may be due partly to the geographical location of the area, being in the deep hinterland, away from the center of China, and generally lacking a sufficient water supply. The common man's ignorance of the basic facts of health and sanitation contributes greatly to the spread of disease and to the lack of precautionary measures against the occurrence of certain diseases.

However, the local population, while living under what we consider unsanitary conditions, has built immunities to many diseases, to which a Westerner, living under the same conditions, would easily succumb. Some habits that we consider dangerous in spreading disease may actually be without any harmful consequences to the local people.

II. The Turkic Peoples of Sinkiang

S 262 563 A. The Diet of the Turkic People

The daily diet of the sedentary Eastern Turkis consists mostly of mutton and rice, with vegetables, both boiled and fried, including onions, potatoes, turnips, carrots and spinach, many forms of S [272] [263] soups, and pilaus. Tea is the staple beverage, served with sugar and without milk. Bread, in the shape of circular rolls indented at the top, constitutes an important item in the diet. A variety of fruits, including melons, apples, pears, apricots, peaches, nectarines, pomegranates, plums, cherries, and mulberries, grow in profusion in Turkestan and are abundant during the summer.

S 264 262 184 565 563 [539] The common people eat only twice during the day; in the morning and in the evening. The wealthy people frequently have feasts and eat a great abundance and variety of foods. Many of them suffer from abnormal obesity as a result of overeating and lack of exercise. A common proverb in Sinkiang warning against the folly of this type of behavior is the following, "He who eats sparingly eats ten times, but he who eats too much eats but once."

S 563 262 [272] The diet of the Kirghiz and the Kazakhs, the nomadic Turks, differs somewhat from that of the sedentary Eastern Turks. Their diet is composed mainly of milk and mutton. From flour and

779 up to the ankles. A special provision is made for those to whom
515 water is not available because of their being on a journey or being sick, etc..."and if you are sick or on a journey or one of you came from the privy, or you have touched the women, and you cannot find water, betake yourselves to pure earth and wipe your faces and hands therewith."(5:6) A complete ablution of the body is required when the body has been soiled to a greater extent. Though not always strictly observed, these religious habits are followed quite closely by the majority of the population.

2. The predominant diseases in Sinkiang

• 164 The predominant diseases in Eastern Turkestan which were recorded by Grenard and Pevtsov are the following: goiters, syphillis, gonorrhea, smallpox, scabies, tuberculosis, the Baghdad boil (a disease brought over from the Middle East), rheumatism, often connected with the effects of venereal diseases, trachoma and other eye illnesses, dental troubles, inflammation of the joints, malaria and some cases of leprosy. Skin diseases are very common among the population. The Eastern Turks
[515] seldom change their clothing, including their underclothes, and their fur hats are hardly ever taken off. This often results in the growth of parasitic vermin. The excessive dust and dirt are very conducive to the spread of skin diseases. Unfortunately, no figures are avilable on the incidence of different diseases. Most feared are the epidemic diseases which spread rapidly and the incurable diseases, like leprosy. There is a popular proverb in
[539] Eastern Turkestan that says the following: "Flee from the leprous as you would from a lion."

3. The local doctors

759 The two most popular types of doctors in Eastern Turkestan
756 are those who practice Arabic medicine, and those who practice witchcraft. Arabic medical science is fairly well developed and includes some knowledge of human physiology, methods of curing certain diseases and even some surgical techniques. Most of the mosques have hospitals attached to them for the care of the ill and the injured. However, the knowledge of those doctors practicing Arabic medicine in Eastern Turkestan is quite limited. There has been no great progress in their methods since the 11th and 12th centuries. According to C.P. Skrine, the witch doctors are much more popular than the Islamic doctors. The witch doctors are called bakhshis in Yarkand and du'a-khwans or jadugars in Kashgar. The fees of the witch doctors are relatively high, and the more famous of them are very well-off. In return for their fees they compose spells and perform incantations to drive away the demons which possess the patient.

/The Chinese/

knowledge of sanitation and elementary health regulations. Their concepts of health and disease rest mainly on the traditional beliefs. The concept that dominates most of their thinking about the human body and its health is that of the Two Principles of yang and yin. These are philosophical concepts of the origin of all things. The yang principle represents the male and the yin represents the female. They stand for opposite poles - heaven and earth, sun and moon, day and night, heat and cold, life and death, positive and negative, strong and weak.

In medicine, everything is classified as yang or yin. The exterior of the body - the skin - is yang, while the interior is yin. The back is yang, while the abdomen is yin. The heart and liver are yang while the spleen, lungs and kidneys are yin. A disease, accordingly, is yang when due to external causes and yin when due to internal causes. Respiratory diseases, fever, and diseases affecting the upper part of the body are yang diseases. Chills and afflictions of the lower body, and circulatory diseases are yin diseases. When the yin predominates, one suffers from yang disease; when the yang is in excess yin results. These two principles must be kept in mind when treating the disease, since the drugs and herbs are also divided into these two classes.

Another Chinese concept concerning health is that of the existence of the Five Elements - metal, wood, water, fire and earth. According to this belief, the human body is composed of a mixture of the five elements. So long as the proportions of these five elements remain in order, health results. If the balance is disturbed, disease follows.

These beliefs are common mainly among the uneducated population, the rural and the lower classes of the urban population. In most cases, the higher classes have a Western knowledge of the basic elements of health and sanitation and know the basic facts of human physiology and the causes of transmission of diseases. Illiteracy and ignorance is much greater in the Northwest region than along the Pacific Coast. Thus, in the Northwest, the beliefs are widespread and most Western ideas have not penetrated into the larger part of the population.

Unfortunately, we do not have figures on the birth and death rate in Northwest China. The figures for all of China are given in the chapter on "Health and Sanitation" of the General China Handbook.

C. Predominant Diseases Among the Chinese

The most common diseases are the fecal-borne ones. They are spread through the use of human waste as fertilizer. Andre Migot, who travelled through Northwest China in 1946, dwells on this problem in his description of a typical middle-sized town in this area (Tibetan Marches, p. 51): "Then there is the problem of sanitation. The total volume of human excrement produced every day

/The Chinese/

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*563 by half a million people - even if they live mainly on rice - is
164 bound to be formidable. No sewage system of any kind exists; its
364 place is taken by an old established guild of public servants who
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563 can be seen every morning in large numbers making their way
• 164 through the streets. The casks or buckets which dangle from
364 the bamboo poles across their shoulders smell no better than
you would expect them to. They are always full to the brim and
their contents, which are eventually sold to truck gardens on the
S outskirts of the city, are a constant threat to the legs of the
N passers-by.... The buckets in which they carry their night
[415] soil down the hill are used, after being briskly rinsed, to carry
[312] their water up."

Besides producing a very unpleasant picture, this description brings out the very serious problems connected with the lack of a proper sewage system. It also points out the many possibilities for spreading contagious diseases and infections.

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*563 Tuberculosis is quite prevalent in China. Epidemic diseases
164 are common also, such as typhoid and paratyphoid fevers, cholera
[165] and smallpox. Malaria and the two kinds of dysenteries, amoebic
[844] and bacillary also are present. Death at childbirth, both of infants
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563 and mothers, is quite high, because of the lack of adequate sani-
164 tary precautions during childbirth and the practices of the mid-
[165] wives, who do nothing to prevent infection of both mother and
[844] child.

S Winfield in his book states that "seventy-five per cent of all
N deaths in China are due to preventable diseases that are under
[165] control in the West; there are about 15 million deaths each year in China, of which 11,750,000 are due to preventable diseases." (China: The Land and the People, p. 111).

D. Medical Personnel

N The lack of Western-trained doctors, nurses, pharmacists
759 and dentists in the Northwest is an extremely serious problem.
*563 Most people, because of the shortage of medical personnel, still
S go to the local herb-doctors. (A full description of the traditional
759 Chinese science of medicine is given in the General Handbook).
563 In many less acute cases, people either neglect to do anything or attempt to treat themselves by unscientific methods.

E. Efforts of the Government

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N The Nationalist Government was aware of the serious shortage
744 of medical personnel and equipment in all of China, including the Northwest. Two national organizations were established in the 1930's to deal with these problems: The Department of Public Health under the Ministry of the Interior, which had a Northwestern Office for the Prevention of Epidemics, and the National Health Department under the National Economic Council, which also had an office in the Northwest.